

## Large Tract Review Certification Form Part A: Developer's Application

1. **Project Name**

Developer

Address

City  State  Zip

Phone  Fax

E-mail

***If Developer does not own subject property, please provide the following information regarding the property owner:***

Owner(s)

Address

City  State  Zip

Phone  Fax

E-mail

2. **Property Address**

City  State  Zip

Ward  ANC(s)  Square(s)  Parcel/Lot No. (s)

3. **Current Use(s):** (place X where applicable)

Residential  Retail/Office  Industrial  Open Space/Undeveloped

Public/Institutional  Other

\*Maximum Height of Existing Improvement (ft.)

\* Total Gross Floor Area (GFA) of Existing Improvements (sq. ft.):

\* If Property is Undeveloped or Cleared, Enter "N/A".

**4. Current Zoning (ZR-16):**

	Zoning	Land Area (sq. ft.)	M.O.R. Far*	Permitted Height (ft.)
1.	MU-7	573,349	4.8 (with IZ)	65
2.				
3.				
4.				
5.				

\*Matter-Of-Right Floor Area Ratio

**5. Proposed Zoning:**

	Zoning	Land Area (sq. ft.)	M.O.R. Far*	Permitted Height (ft.)
1.				
2.				
3.				
4.				
5.				

\*Matter-Of-Right Floor Area Ratio

**6. Estimated Project Completion Date (mo./yr.)**

Type of Development (place X where applicable)

New  Rehab/Historic Preservation  Addition 

Existing Jobs Retained and/or New Jobs Created by Project:

Temporary/Construction  Permanent **7. Gross Floor Area (GFA) by Use:**

	GFA (sq. ft.)
* Residential	938,543
Retail	194,430
Office	241,351
Hotel	n/a
Industrial	n/a
Other	n/a
Total GFA	1,971,106

**For Residential Space Only:**

No. of Single-Family Units	<input type="text"/>
No. of Multi-Family Units:	1,350
Estimated Development Cost:	\$ <input type="text"/>
Land Cost	\$ <input type="text"/>
Construction Cost	\$ <input type="text"/>
Other Cost	\$ <input type="text"/>
Total Project Cost	\$420,000,000

8. Public Contribution:

UDAG	<input type="text"/>
EDA	<input type="text"/>
D.C. Revenue Bonds	<input type="text"/>
CDBG	<input type="text"/>
Urban Renewal	<input type="text"/>
HODAG	<input type="text"/>
Other	<input type="text" value="Not known at this time"/>

9. Residential/Business Displacement Due to Project: *If not applicable or no displacement expected, enter "0"*

Number of Households Displaced

Number of Businesses Displaced

Authorized Signatures  \_\_\_\_\_ Date 9/21/20 \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

FOR OP USE ONLY – DO NOT WRITE BELOW LINE

Project No. \_\_\_\_\_

Date Received by OP

OP Recommendation For (check one):

Approval  Disapproval

\_\_\_\_\_  \_\_\_\_\_

Date of Final Action / /